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Un	der the Paperwork PATI		OITAC	Persons are required to the persons are required to the person of the person of the person of the person of the persons are required to the pe	RMINATIO			ormation unles		ays a valid OM ation or Docke 10/777	t Number
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
	FOR	NUMB	ER FILED	NUMBER EXTRA		RATI	F (\$)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))		1)	N/A		N/A	N/		(4)	İ	N/A	
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A		Ά.		1	N/A	
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A	N/	'A			N/A	
TOTAL CLAIMS (37 CFR 1.16(i))		.,	minus 2	0 = .		×	-		OR	×	-
INDEPENDENT CLAIMS (37 CFR 1.16(h))		MS	minus 3			×	-			x	
APPLICATION SIZE APPLICATION SIZE Sets of paper, the application size of sets of sets of paper, the application size of sets of					ze fee due each ereof. See						
MUL	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						Ά			N/A	
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOT	ΓAL		l	TOTAL	
AMENDMENT A	APPLI	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) (Colum HIGHEST NUMBER PRES PREVIOUSLY PAID FOR			SMALL ENTITY RATE (\$) ADDITIONAL FEE (\$)		OR	SMAI RATE (\$)	ER THAN L ENTITY ADDITIONAL FEE (\$)
	Total (37 CFR 1.16()))	78	Minus	69	- 9	×			OR	x 50	= 450
	Independent (37 CFR 1.16(h))	· 14	Minus	*** 14	* 0	x	=		OR	× 210	_ 0
	Application Size Fee (37 CFR 1.16(s))						_				
Ì	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					N/	Ά		OR	N/A	
						TOTAL ADD'L	FEE		OR	TOTAL ADD'L FEE	450
		(Column 1)		(Column 2)	(Column 3)				_		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	≣ (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1.16())	•	Minus	**	-	х			OR	×	-
	Independent (37 CFR 1 16(h))	*	Minus	***		х	=		OR	×	=
	Application Size Fee (37 CFR 1.16(s))								l		
₹!				ENT OF AUG. 107 OF	D 4 40(0)	N/			OR		1
₹	FIRST PRESENTA	TION OF MULTIPL	E DEPENDI	ENT CLAIM (37 CF	K 1.10(j))	N/	А		UR	N/A	

The Highest Number Previously Pad Enr. (Total or Independent) is the highest number found in the appropriate box in oclumn 1. This collection or Information is required to 45 are regarded to 45 are regar on the amount of time you require to comprise this form and/or suggestions for reducing this burden, should be sent to the Christ Information Officer. U.S. Patent and Trademark Officer. U.S. Department of Commerce, P.O. Box 1450, Aexandria, VA 22315-1450, DO NOT SEND FEESOR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.